

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
276917  
APPLICANT(S)

**FILING DATE**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		2			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13		1				
14						
15	1					
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25	1					
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	23					
TOTAL CLAIMS	77					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						